

## Kirschstein–NRSA Individual Fellowship Application Facilities and Commitment

*(To be completed by sponsor--follow PHS 416-1 instructions.)*

NAME OF APPLICANT *(Last, first, middle initial)*

32. Identify the research and research training support available to the sponsor and the applicant during period of proposed award.

### 33. SPONSOR'S PREVIOUS FELLOWS/TRAINEES

Give total number of pre- and postdoctoral individuals and provide information on a representative five. List their present employing organizations and position titles or occupations.

### FACILITIES AND COMMITMENT STATEMENT

*In the space below and on continuation pages, complete the following items. Identify each item by number and title.*

#### 34. Training Plan, Environment, Research Facilities.

Describe the research training plan for the applicant. Include such items as classes, seminars, and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewing groups evaluate the applicant and the proposed training. Indicate the relationship of the proposed research training to the applicant's career. Describe the skills, techniques, etc., that the applicant will learn and relate these to the applicant's career goals.

#### 35. Number of Fellows/Trainees to be Supervised During the Fellowship. Indicate Pre-or Postdoctoral.

#### 36. Applicant's Qualifications and Potential for a Research Career.

#### 37. Human Subjects/Vertebrate Animals Use and Description.

38. **CERTIFICATION:** We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.

SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			